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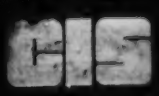

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THE INDIAN OMNIBUS ANTI-DRUG ABUSE ACT AMENDMENTS OF 1990

OCTOBER 8 (legislative day, OCTOBER 2), 1990.—Ordered to be printed

Mr. INOUYE, from the Select Committee on Indian Affairs, submitted the following

REPORT

[To accompany S. 2297]

The Select Committee on Indian Affairs, to which was referred the bill (S. 2297) to authorize certain provisions relating to Indian alcohol and substance abuse prevention and treatment programs, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

The amendment is an amendment in the nature of a substitute.

PURPOSE

The purpose of the bill is to authorize certain provisions relating to Indian alcohol and substance abuse prevention and treatment programs.

BACKGROUND AND NEED

The Anti-Drug Abuse Act of 1986, P.L. 99-570, was signed into law on October 27, 1986, As enacted this $1.7 billion omnibus Act was designed to strengthen Federal efforts in eradicating illicit drug use and to provide leadership in establishing effective drug abuse treatment, prevention and education programs. Included as part of the Anti-Drug Act were provisions for Indian alcohol and substance abuse prevention and treatment. These provisions are specifically noted in three subtitles under Title IV which highlight prevention policies. For purposes of this discussion, a description of Subtitle C follows since this is the primary focus of the substitute to S. 2297.

S413-18

Subtitle C is often referred to as the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986. In adopting this Act, Congress recognized alcohol and drug abuse as "the most severe health and social problem facing Indian tribes and people today".

To accomplish the purposes of the Act, an Inter-Departmental Memorandum of Agreement between the Department of Interior and the Department of Health and Human Services was established which requires that both the Indian Health Services (IHS) and Bureau of Indian Affairs (BIA) develop a written plan which among other things is to determine and define the scope of the problem of alcohol and substance abuse for Indian people, especially youth; identify resources and responsibilities for combating substance abuse among Indian people; develop minimum standards and coordination plans for existing or new IHS/BIA efforts for attacking the problem; and estimate the funding necessary to adequately support a program of Indian alcohol and substance prevention and treatment.

One of the primary provisions of the Act is to provide for development of a Tribal Action Plan (TAP), adopted at the discretion of each tribe's governing body. At a tribe's request, IHS Service Unit Directors and BIA Agency Superintendents are to provide technical assistance in developing the plan. Although no appropriated funds are provided under the Act for this purpose, once a plan is developed, the local IHS and BIA officials are to enter into an agreement with a tribe for implementing its provisions.

The legislation requires that a TAP would, among other tribally-established requirements, provide for: assessing the scope of the community's problem of alcohol and drug abuse; identifying and coordinating available programs and resources; establishing and prioritizing tribal goals; and identifying community and family roles in tribal efforts. In compliance with the Act, there were 350 resolutions adopted by tribes and Indian organizations supporting the development of Tribal Action Plans.

In areas of education, which fall under the purview of the BIA, were provisions requiring the development of an alcohol and substance abuse prevention curriculum for use in all BIA-funded schools. The BIA is also responsible for providing technical assistance at the request of a school board to develop such curricula. $3,000,000 was appropriated for this purpose. Another $2,400,000 was appropriated for additional school counselors to address individual student crisis intervention. There has been no official from the BIA to the Congress communication regarding the status of these programs.

Another of the provisions makes available for community use, to the extent permissible by law, local Federal facilities, property, and equipment, including school facilities for treatment and/or prevention activities, provided that the local school board approves such utilization. The BIA is also responsible for determining the effectiveness of summer youth programs and was directed to develop and implement pilot programs to test the effectiveness of such programs. This action has not yet been fulfilled.

Within 120 days of enactment, the newsletter authorized in the Act was in circulation. This quarterly periodical is responsible for

reporting on exemplary Indian alcohol and substance abuse projects and programs. Thus far, these quarterly newsletters have been distributed, without charge, to schools, tribal offices, BIA agency and area offices, IHS area and service units, IHS alcohol programs and to other entities engaged in providing related services.

In cooperation with the IHS, the BIA is to establish alternative placement (shelters or half-way houses) for juvenile substance abusers. Specific language urges law enforcement officers to place Indian youth, for any offense related to alcohol or substance abuse, in a temporary emergency shelter. The BIA has not provided the Congress with a status report on the implementation of these provisions.

One of the provisions requires the compilation and distribution of data relating to the number and types of child abuse and neglect cases reported and the type of assistance provided. Child protection teams have been designated in each area, however, the data remains fragmented and weak.

When the Memorandum of Agreement was developed, a review of BIA and tribal Law Enforcement and Judicial Services was to be performed. Upon completion, a report was to be made available to the tribes. The status of this report is unknown.

Investigation and control of the illegal international narcotics traffic on the Tohono O'Odham Reservation and the St. Regis Mohawk Reservation is also authorized. The Committee understands that the BIA has implemented a law enforcement program which has concentrated principally on the eradication of marijuana. Although these efforts are necessary, the Committee does not believe that significant efforts have been made by the BIA to first control other illegal substances or secondly to initiate a coordinated international drug trafficking control program with those agencies cited in the Act. The fiscal year 1991 BIA budget submission fails to mention this program in its request for new funding.

Other provisions related to law enforcement strengthen tribal court sentencing and fines; make available law enforcement and judicial training ($1 million and $3 million respectively has been appropriated); establish construction or renovation and staffing of new or existing juvenile detention centers ($7.5 million has been appropriated); require coordination between the BIA and IHS to develop medical assessment and treatment of juvenile offenders; provide for the development of a model juvenile code ($100,000 has been appropriated); and, require the compilation of law enforcement data.

When developing the Memorandum of Agreement, the HHS and Interior Secretaries were directed to conduct a review of various programs and resources to evaluate the effectiveness of public and private treatment programs. Upon completion, the information was to be provided to tribes for use in development of the TAPs. The tribes have reported that in spite of the congressionally mandated Memorandum of Agreement, the BIA and IHS have been minimally involved in adressing the problems compounding alcoholism and substance abuse. This lack of initiative in fulfilling the responsibilities required of the Administration prompted a number of tribal recommendations which bear further review.

The Committee is particularly pleased with the extent to which the Albuquerque Area Tribal Coordinating Committee addressed implementation of the Act and endorses their recommendations which are representative of 27 tribes in New Mexico and Colorado. The tribes noted that in order to guide BIA and IHS alcohol and substance abuse related activities, there is a need for area offices to review the Tribal Action Plans which have been written. Many tribes have expressed their disappointment that additional funds for implementing their TAPs have not been made available to meet their stated needs. The tribes believe that further emphasis should be placed on the development of effective networks to enhance the ability of tribes and individuals to access available alcohol and substance abuse resources and programs.

It was also recommended that a reporting mechanism which is effective but not burdensome be developed to keep all levels of the organization (BIA/IHS) informed as a relevant alcohol and substance abuse activities. The tribes were concerned with the significant limitations on the quality and quantity of alcohol and substance abuse data available within the BIA and IHS. A concentrated effort by the Administration is needed to ensure that the data which is maintained and shared with the tribes by the BIA and the IHS is meaningful and will accurately reflect the scope of the problems which exist in Indian communities. There is a need for the BIA and IHS to maintain a data system which tracks client cases through prevention, treatment, and effective aftercare. A process whereby tribes and the BIA/IHS jointly analyze data which is contained in the tribal comprehensive report was recommended by the tribes. It was also suggested that program and individual performance standards should be developed to guide the delivery of alcohol and substance abuse related services by BIA/IHS ensuring quality service. Compliance with these standards should then be assured.

IHS is specifically responsible for providing comprehensive alcohol and drug abuse treatment services, including detoxification, counseling, and follow-up care to Indian juveniles and adults in need. Research and experience has shown that successful results in overcoming the devastating effects of substance abuse will only occur when the community and the tribe as a whole become involved in all phases of treatment. The tribes noted that treatment is most effective when the whole family is involved in treatment in the initial stages.

Regional treatment centers were to be established in each area under the jurisdiction of IHS. The Tucson and Phoenix area are considered one for purposes of this Act. Funding to staff these regional treatment centers was appropriated under the FY 1990 Appropriations Act at $10.5 million. $5.5 million was appropriated for construction or renovation needs in FY 1987 and $1.5 million was appropriated in FY 1990.

The FY 1991 IHS Budget Request notes that four regional centers are operational as of November 1989. These include Albuquerque, Oklahoma City, Nashville, and Navajo Areas. Two facilities located in Fairbanks and Sitka of the Alaska Area are operational but not renovated. Three other IHS Areas (Phoenix, Aberdeen, and Portland) are planning to renovate facilities which are expected to be operational in FY 1991 or 1992. The remaining Areas are pro-

viding inpatient chemical dependency treatment through contracts pending completion of their plans for regional treatment centers.

The Act also requires the development of comprehensive strategies to accommodate follow-up and aftercare rehabilitation activities. Funding was appropriated in the amount of $8.7 million in fiscal year 1990 to accomplish this objective. These services are to be administered in the IHS Service Units by trained staff within the community who can assist Indian youth in skill development. These staff can include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including Community Health Representatives.

The Act makes available $4 million, although only $2.1 million was appropriated in FY 1990, for IHS to provide training for the previously mentioned staff as well as for a mandated "program of community education and involvement" within each service unit. The IHS reported in its fiscal year 1991 budget request that over 33,000 individuals were trained through the community education and training programs established in every IHS Service Unit. As a result of the cooperative efforts required under P.L. 99–570, one hundred and sixteen tribal program staff in the Albuquerque Area were trained and certified as alcohol and substance abuse counselors despite limitations in funding. Along with its own staff, IHS is required to provide training to BIA professional school personnel and supervisors of emergency shelters as authorized under the Act. It is anticipated that community education efforts will continue to involve the "critical core" of each tribal community. This group is defined in the Act as political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards. To fulfill the objectives of this program, the IHS projects that more than 11,000 health care providers will receive training in alcohol and other drug prevention and treatment this year.

The National Association for Native American Children of Alcoholics, Inc., has relayed its concerns to the Committee that recognition and treatment of the "multigenerational" effects of substance abuse will provide the key opportunity for breaking the cycle of addictions in Indian families and communities. This organization notes the need for more research, training and recovery opportunities related to Indian children of alcoholics and substance abusers. It is recommended that provisions be made to increase the base of knowledge and skill in Indian country around the subject of multigenerational effects of substance abuse and to provide for a prevention, intervention and treatment model targeted at children of alcoholics.

Many tribes have validated the research which implies that prevention of alcohol and substance abuse must begin early to be effective. These tribes support programs which promote: decreasing the early incidence of first use; increasing the resiliency and protective factors within youth and their families; and, coordination of tribal programs which build on cultural strengths.

The Act established a demonstration project to determine the most effective and cost-efficient means of providing health promotion and disease prevention services. An annual appropriation of $500,000 has been awarded to IHS Area offices which in turn allocate these funds to local service units under the resource allocation

methodology for purposes of implementing "Wellness Beyond Abstinence" activities. The activities are centered on fitness programs designed to promote healthy behaviors much like the program offered by the Zuni Pueblo Tribe at the Zuni Wellness Center in New Mexico.

Urban Indian programs reported that funding under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 has done much to help Indian people deal with their alcohol and drug problems. Yet they also noted, that much more needs to be accomplished in continuing services to address the growing urban Indian population. To enhance the alcohol and substance abuse program efforts within urban Indian communities, S. 2297 was amended to provide these projects with ten percent of the funds appropriated for fetal alcohol syndrome grants.

Finally, $200,000 was authorized under the Act for the Navajo Tribe to establish a demonstration project in Gallup, NM, to initiate a culturally-sensitive treatment program aimed at rehabilitation of adult Navajos suffering from alcoholism or alcohol abuse. The program is now ready for full establishment and the city of Gallup, its local treatment program and the Navajo Nation have worked together on a legislative proposal to make this project a permanent program. The City of Gallup and the surrounding communities of the Navajo reservation are requesting permanent legislation because they are faced with an epidemic of alcohol abuse and related drug problems. The National Institute on Alcoholism and Alcohol Abuse (NIAAA) point to McKinley County, New Mexico as having the highest composite index of alcohol related problems of all 3,106 counties in the United States. It is reported that death rates from cirrhosis of the liver are 3 times higher than the national average. Alcohol related traffic accidents are 7 times higher than the national average. Chronic alcoholism rates are 19 times higher than the national average and among the highest in the world. Deaths due to all related causes are 4 times higher than the national averages.

In compliance with the Act, the Gallup project promoted a close working relationship between the Navajo Tribe, IHS, state, county and city agencies to serve the residential needs of Native American families. The progam has developed referral relationships with over 70 agencies covering a geographic area larger than the State of West Virginia. The data and needs assessment generated by the Gallup Demonstrated Project substantiates the tremendous need for expansion and upgrading of the demonstration project to a permanent program.

Since enactment, many effective programs and policies have been implemented by both tribes and Federal agencies to meet the rigorous goals of the Act, however, it is believed that certain provisions of the Act need further clarification, strengthening or improvement to reduce the incidence of alcoholism and substance abuse.

COMMITTEE AMENDMENT

The substitute to S. 2297 was developed originally as a Senate companion to H.R. 4354 and provides for reauthorization of Title

IV, Part C of the Omnibus Anti-Drug Act Amendments of 1988, P.L. 100-690. The substitute also contains several provisions which go beyond the general reauthorization of the Anti-Drug Abuse programs including the following:

The addition of the Makah Indian Tribe of Washington in programs which address international investigation and control of illegal narcotic trafficking on reservations.

The expansion of the illegal narcotics section by adding interdiction, investigation and control of illegal narcotics trafficking on Indian reservations.

A new authorization to allow the Tanana Chiefs Conference, Inc., to lease, construct, renovate and operate a residential treatment center in Fairbanks, Alaska.

Clarifying language to establish a regional youth treatment center in Sacaton, Arizona, on the Gila River Indian Reservation within facilities leased by the IHS from the tribe. A unit of this regional center is authorized in Schurz, Nevada.

An amendment which provides that not less than 10 percent of the funds appropriated for family treatment shall be used for outpatient care.

Adds a new section to authorize a study on multi-drug abuse by Indian youth.

Strikes the bill language which established a demonstration project at Gallup, New Mexico and authorizes a long term grant program in this community.

Establishes a new section which authorizes the IHS to make grants to Indian tribes to establish Fetal Alcohol Syndrome (FAS) programs. Grants shall be used to accomplish the following objectives: to identify and provide treatment to high risk women; to develop and provide community training and prevention efforts; and, to develop and provide special services and education programs for FAS/FAE victims.

Adds a new section which authorizes an alcohol abuse recovery demonstration project in Alaska.

Authorizes an appropriation of $2,000,000 to match funds already received by the Thunderchild Treatment Center through contributions for the completion of construction of a multiple approach treatment center in Sheridan, Wyoming.

OTHER CONSIDERATIONS

The Committee intends that the programs established under this Act be implemented in a manner that provides greater coordination between tribes, Alaska native villages and urban Indian projects and Federal agencies in the provision of alcoholism and substance abuse prevention and treatment services. To accomplish this goal, the BIA and the IHS must build on staff continuity. BIA central office staff turnover has made it difficult to sustain a consistent direction and impetus for BIA and IHS field activities related to alcoholism and substance abuse. The Committee is concerned about limited staff availability and understands that BIA and IHS field staff have had their alcohol and substance abuse duties added to their existing duties making it difficult to devote an adequate amount of time to alcoholism and substance abuse prevention or

treatment. Although increased funding has not been authorized in S. 2297 to raise the level of staffing within the Administration, it is recommended that these issues be addressed in subsequent budget recommendations.

Illegal interdiction and drug trafficking has been increasing dramatically in the Pacific Northwest for over 10 years. The first major drug confiscation in August of 1980 on the shores of Sooes Beach on the Makah Indian Reservation resulted in a recovery of $50,000,000 in potent Thai Stick marijuana. Through the efforts of the Drug Enforcement Agency, U.S. Customs and the Makah Tribal police, all participants in this exotic drug importation scheme were brought to justice. Although the Makah Tribal police force is available on the front line of defense for drug interceptions and smuggling in this remote tip of the U.S. border, the tribe lacks adequate resources to fight the war on drugs given its proximity to international waters. Based on recent trends in drug trafficking, the Makah Tribe anticipates a greater need to investigate and control international drug trafficking and has developed a program to meet this need. Therefore, the Committee recommends expansion of this program to include the Makah Tribe in the Bureau of Indian Affairs' international law enforcement program.

The Committee is concerned about the slow progress on the part of the Indian Health Service in establishing the Alcohol and Substance Abuse Treatment Facilities. These facilities are critically needed, and it is the Committee hope that the pace of progress will increase soon. To expedite the development of these centers, the Committee has included provisions under section 11(a), 11(f), 13, and 16, to assist tribes in securing the funding or administrative support necessary for implementing regional treatment centers. In authorizing the construction, renovation, and operation of youth regional treatment centers, the Committee intends that at least one such regional treatment center should be developed and operated in each IHS area. Recognizing that some IHS areas are geographically immense and that in some areas the populations in need far exceed the service capacities of a single center, the Committee does not intend to limit development to a single facility in each area under Section 4227 (25 U.S.C. 2474) of the Act.

Given the high cost of treating persons who are abusing alcohol and other substances, an effort is needed to reach a consensus on the respective treatment policies and responsibilities of the BIA and IHS. In this regard, the Committee endorses and supports the involvement of the BIA—Office of Indian Education Programs in providing education services to Indian juveniles admitted into IHS regional treatment centers.

The tribes have expressed concern regarding fetal alcohol syndrome (FAS) and fetal alcohol effect (FAE) that result when pregnant women drink alcohol. Affected infants often have serious medical, emotional, and social problems stemming from prenatal and postnatal growth deficiencies, facial malformations, central nervous system dysfunctions, and organ system malfunctions. They are generally smaller and develop more slowly, both physically and mentally, than their peers.

Though FAS and FAE, like alcoholism itself, appear in all populations, they are particularly prevalent on reservations. Informa-

tion received by the Committee indicates that on one reservation, approximately 400 of the children are afflicted with this disease. Although, the tribe is aware of this tragedy, it has no means of preventing or treating these serious health problems. To accommodate these concerns, the Committee has amended S. 2297 and added section 15 to promote the development of programs to meet FAS children's medical, emotional and educational needs, in addition to authorizing grants to identify and treat women a high risk and to establish community education programs.

The Thunderchild Treatment Center has emerged as one of the highest quality, culturally specific treatment modalities in the Nation and thus has promoted inclusion of section 17 in the Committee amendment. This center is housed in a Veterans Administration hospital which will need to be vacated soon, therefore the Thunderchild program has been engaged in a capital development campaign to construct a new facility. An appropriation of $2 million has been requested by the Wyoming congressional delegation to match a $2.1 million contribution made by private contributors. When constructed, this facility will provide intensive inpatient treatment to adults and adolescents from the states of Montana, Wyoming, North Dakota and South Dakota.

LEGISLATIVE HISTORY

S. 2297 was introduced on March 20, 1990 by Senator McCain, for himself and Senators Inouye, Conrad and Murkowski and referred to the Select Committee on Indian Affairs. While S. 2297 was introduced to initiate discussion on the issue of alcoholism and substance abuse, another measure, H.R. 4354 was introduced by Congressman Udall on March 21, 1990 which reauthorized the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986. Following introduction of these two distinct measures, the House and Senate committees worked together to consolidate the two proposals and request tribal input. A letter, along with a copy of H.R. 4354, was sent to over 550 tribal leaders representing every tribe and Alaska Native village to request their views, comments and recommendations on the issue. After a period of sixty days, these views were incorporated into an amendment in the nature of a substitute. The bill was considered by the Select Committee in an open business session on June 21, 1990, and was ordered reported as amended.

COMMITTEE RECOMMENDATION AND TABULATION OF VOTE

In open business session on June 21, 1990, the Select Committee on Indian Affairs, by a unanimous vote of a quorum present, ordered the bill, as amended, reported with the recommendation that the Senate adopt the bill.

SECTION-BY-SECTION SUMMARY ANALYSIS

Sec. 1. Short title; amendments to Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986

Provides that this title may be cited as the "Indian Anti-Drug Abuse Amendments of 1990".

Provides that whenever a section or other provision is amended or repealed, such amendment or repeal is to be made to that section or other provision of P.L. 99-570.

Sec. 2. Authorization of appropriations for grants

Amends Sections 4206(d)(2) of the Anti-Drug Abuse Act of 1986 by striking out "1987, 1988 and 1989" where it appears and inserting in lieu thereof an authorization of appropriations "not to exceed $1,000,000 for fiscal year 1991 and $2,000,000 for each of the fiscal years 1992, 1993, and 1994 for grants under this subsection.".

Sec. 3. Technical amendments to section 4209

Amends Subsection (a) of section 4209 by striking the word "Interior" and inserting, in lieu thereof, "Interior's" and by striking the phrase "shall b" and inserting, in lieu thereof, the phrase "shall be".

Sec. 4. Newsletter authorizations

Amends Subsection (b) of Section 4210 by authorizing $300,000 to be appropriated in fiscal year 1991 and $500,000 for each of the fiscal years 1992, 1993 and 1994 to carry out the provisions of this section.

Sec. 5. Indian education programs

Amends Section 4212(a) by striking out "1989, 1990, 1991 and 1992" and inserting in lieu thereof "1991, 1992, 1993 and 1994."

Sec. 6. Emergency shelters and halfway houses

Amends Paragraph (1) of section 4213(e) by increasing the authorization of appropriations from $5,000,000 in fiscal year 1989 and $3,000,000 in fiscal years 1990, 1991, and 1992 to $3,000,000 for fiscal year 1991, $7,000,000 for fiscal year 1992, and $3,500,000 for each of the fiscal years 1993 and 1994.

Sec. 7. Illegal narcotics traffic

Amends section 4216 is amended by expanding the program for the eradication of marijuana cultivation by adding "interdiction, investigation and control of illegal narcotics trafficking" to this section. The authorization for appropriation, under paragraph (1) is amended by increasing the authorization from $500,000 to $2,000,000 for each of the fiscal years 1991, 1992, 1993 and 1994.

Section 4216 is further amended by inserting a new subparagraph which includes the Makah Indian Tribe of Washington in the international investigation and control of illegal narcotics traffic on the Makah Indian Reservation. For purposes of providing the assistance required by this provision, section 4216(a) is amended to reauthorize the appropriation of $500,000 for the Tohono O'Odham Nation and $450,000 for the St. Regis Mohawk Tribe in fiscal years 1991, 1992, 1993 and 1994, and to authorize for appropriation $450,000 for the Makah Indian Tribe during this same period.

Sec. 8. Law enforcement and judicial training

Subsection (b) of Section 4218 is amended to increase the authorization from $1,500,000 to $1,650,000 for each of the fiscal years

1991, 1992, 1993 and 1994. Section 4218 authorizes the Secretary to establish supplemental training programs for judicial and law enforcement personnel to improve the investigation and prosecution of cases involving illegal narcotics.

Sec. 9. Juvenile detention centers

Subsection (b) of Section 4220 is amended to increase the authorization from $5,000,000 to $5,500,000 for each of the fiscal years 1991, 1992, 1993 and 1994. Section 4220 authorizes the Secretary to construct or renovate new or existing juvenile detention centers.

Sec. 10. Indian Health Service Program

Section 4226 is amended with a technical correction to included proper identification and headings for subsections (a) and (b). Section 4226 is further amended to direct the Secretary to assist tribes in the development of criteria for the certification of alcohol and substrance abuse service providers and facilities. Finally, Section 4226 is amended to increase the authorization for services from $10,000,000 to $11,000,000 for each of the fiscal years 1991, 1992, 1993 and 1994.

Sec. 11. Indian Health Service Youth Program

Treatment Centers.—Subsection (a), paragraph (1), amends subsection 4227(b) of the Act by extending the authorization for appropriations for the construction or renovation of regional treatment centers to $3,000,000 for fiscal year 1991 and $4,500,000 for fiscal years 1992, 1993, and 1994.

Paragraph (2) amends subsection 4227(b) by adding a new paragraph (3) which authorizes the use of funds under subsection 4227(b) by the Tanana Chiefs Conference, Inc., of Alaska for the leasing, construction, renovation and operation and maintenance of a residential youth treatment facility in Fairbanks, Alaska.

Federally Owned Structures.—Subsection (b) amends subsection 4227(c) of the Act to extend the authorization of appropriations for the use of Federally-owned structures for treatment centers to $3,500,000 for each of the fiscal years 1991, 1992, 1993, and 1994.

Rehabilitation and Aftercare Services.—Subsection (c) amends subsection 4227(d) to extend the authorization of appropriations for rehabilitation and aftercare services to $13,000,000 for fiscal year 1991, $14,000,000 for fiscal year 1992, $15,000,000 for fiscal year 1993, and $16,000,000 for fiscal year 1994.

Adult Family Outpatient Care.—Subsection (d) amends subsection 4227(e) of the Act, relating to the inclusion of the family in youth treatment, by providing that not less than 10 percent of the funds appropriated pursuant to subsection 4227(d) shall be used for outpatient care of adult family members.

Multidrug Abuse Study.—Subsection (e) amends section 4227 by adding a new subsection (f) which provides for a study and report to the Congress by the Secretary of Health and Human Services of multi-drug abuse among Indian youth and authorizes the appropriation of $500,000 for such study.

Alcohol and Substance Abuse Treatment Facility.—Subsection (f) amends the Anti-Drug Abuse Act by adding clarifying language regarding the establishment of the "Regional Youth Alcohol and Sub-

stance Abuse Prevention and Treatment Center" in Sacaton, Arizona, on the Gila River Indian Reservation. In addition to this center, the IHS shall establish, as a unit of the regional center, a youth alcohol and substance abuse prevention and treatment facility in Schurz, Nevada. An authorization for appropriations of "such sums as may be necessary" to carry out this subsection is provided.

Sec. 12. Training and community education

Amends subsection 4228(d) of the Act, relating to training and community education, to extend the authorization of appropriations for such activities by $3,500,000 for each of the fiscal years 1991, 1992, 1993, and 1994 for community education and $2,000,000 for each of such fiscal years for training.

Sec. 13. Gallup Alcohol and Substance Abuse Treatment Center

Amends Section 4229 of the Act, which established a Navajo alcohol rehabilitation demonstration program for Gallup, New Mexico, by striking all of the existing language and inserting new language establishing a grant program for a Gallup Alcohol and Substance Abuse Treatment Center as follows:

Subsection (a) authorizes the Secretary of Health and Human Services to make grants to the Navajo Nation to provide residential treatment for alcohol and substance abuse by adult and adolescent members of the Navajo Nation and neighboring tribes.

Subsection (b) defines the purposes for which such grants will be made relating to the provision of such treatment.

Subsection (c) provides that the Navajo Nation shall enter into a contract with a local institution in the Gallup area which is accredited to provide such treatment by the Joint Commission on the Accreditation of Health Care Organizations.

Subsection (d) makes separate authorizations of appropriations to carry out each of the defined purposes to a total $800,000 for fiscal year 1992, $850,000 for fiscal year 1993, and $1,000,000 for fiscal year 1994.

Sec 14. Urban Indian Program

Amends subsection 4231(e) of the Act to extend the authorization of appropriations for urban Indian programs in alcohol and substance abuse to $5,000,000 for fiscal year 1991 and $7,000,000 for each of the fiscal years 1992, 1993, and 1994.

Sec. 15. Fetal alcohol syndrome

Amends the Indian Alcohol and Substance Abuse Prevention and Treatment Act by adding a new section 4232 establishing Fetal Alcohol Syndrome (FAS) Grants as follows:

Subsection (a) authorizes the Secretary of Health and Human Services to make grants to Indian tribes to establish FAS programs.

Subsection (b) defines the uses of such grants and provides that the Secretary shall establish criteria for the review and approval of grant applications.

Subsection (c) authorizes the use of not more that $220,000 appropriated pursuant to subsection (d) for the development, printing

and dissemination of materials on education and prevention of FAS.

Subsection (d) authorizes the appropriation of $10,000,000 for each of the fiscal years 1992, 1993, and 1994 to carry out the purposes of the section and provides that 10% of such funds shall be used for grants to urban Indian organizations.

Sec. 16. Alaska Native drug and alcohol abuse demonstration project

Provides a new section to reduce drug and alcohol abuse in Alaska Native villages. The Secretary, acting through the IHS, is authorized to make grants to the Alaska Native Health Board to conduct a two-part demonstration project. Sixty percent of such grant funds are to be awarded to initiate coordinated community development programs to address alcohol and drug use. Forty percent of such grants are to be transferred to a nonprofit corporation in the village of St. Mary's, Alaska, to expand and strengthen family rehabilitation services. An evaluation of these programs is required in fiscal year 1991. The authorization for appropriations is $1,000,000 for each of the fiscal years 1991, 1992, 1993 and 1994.

Sec. 17. Wyoming Treatment Center

Provides a new section to authorize a grant, through the IHS, to the Thunderchild Treatment Center at Sheridan, Wyoming, to match funds already received through private contributions for the completion of construction of a multiple approach substance abuse treatment center. An authorization for an appropriation of $2,000,000 in fiscal year 1991 is provided. No funding is to be made available for staffing or operation of this facility and none of the funding appropriated to carry out this section to be used for administrative purposes.

COST AND BUDGETARY CONSIDERATION

The cost estimate for S. 2297, as provided by the Congressional Budget Office is set forth below:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 23, 1990.

Hon. DANIEL K. INOUYE,
Chairman, Select Committee on Indian Affairs, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for S. 2297, the Indian Anti-Drug Abuse Amendments of 1990, as ordered reported by the Senate Select Committee on Indian Affairs on June 21, 1990.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

ROBERT F. HALE
(For Robert D. Reischauer).

CONGRESSIONAL BUDGET OFFICE—COST ESTIMATE

1. Bill number: S. 2297.
2. Bill title: Indian Anti-Drug Abuse Amendments of 1990.
3. Bill status: As ordered reported by the Senate Select Committee on Indian Affairs on June 21, 1990.
4. Bill purpose: To reauthorize certain provisions relating to Indian alcohol and substance abuse prevention and treatment centers.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1991	1992	1993	1994	1995
Estimated authorization levels:					
Tribal action plans	0	1.0	2.0	2.0	.....
Newsletter	0	.2	.5	.5	.....
Indian education programs	0	0	.4	.4	.....
Emergency shelters	0	4.0	3.5	3.5	.....
Juvenile detention centers	.5	5.5	5.5	5.5	.....
Illegal narcotics traffic	2.0	2.4	3.4	3.4	.....
Law enforcement	.1	.1	1.7	1.7	.....
IHS Comprehensive Program	1.0	1.0	11.0	11.0	.....
IHS youth treatment centers	0	4.5	4.5	4.5	.....
Federally owned structures	3.5	3.5	3.5	3.5	.....
Rehabilitation and Aftercare	1.0	1.0	15.0	16.0	.....
Drug study	.5	.....	.....	.....	.....
Regional youth treatment facility	2.2	1.2	1.2	1.2	1.3
Training and community education	1.5	1.5	5.5	5.5	.....
Gallup Treatment Center	−.2	.6	.9	1.0	.....
Urban Indian programs	0	2.0	7.0	7.0	.....
Fetal alcohol syndrome	0	10.0	10.0	10.0	.....
Alaska Native drug and alcohol abuse demonstrations	1.0	1.0	1.0	1.0	.....
Thunderchild Treatment Cener	2.0	.....	.....	.....	.....
Total estimated authorization levels	15.1	39.5	76.5	77.7	1.3
Estimated outlays:					
Tribal action plans	0	.8	1.8	2.0	.4
Newsletter	0	.2	.4	.5	.1
Indian education programs	0	0	.1	.3	.3
Emergency shelters	0	.9	2.0	2.9	2.8
Juvenile detention centers	.4	4.6	5.4	5.5	1.0
Illegal narcotics traffic	1.6	2.3	3.2	3.4	.6
Law enforcement	.1	.1	1.4	1.6	.3
IHS Comprehensive Program	.8	1.0	9.0	10.5	2.2
IHS youth treatment centers	0	.9	3.3	4.1	3.6
Federally owned structures	2.8	3.3	3.5	3.5	.7
Rehabilitation and Aftercare	.8	1.0	12.2	15.1	3.2
Drug study	.4	.1	.....	.....	.....
Regional youth treatment facility	1.1	1.7	1.4	1.2	.3
Training and community education	1.2	1.4	4.7	5.3	1.1
Gallup Treatment Center	−.2	.5	.8	1.0	.2
Urban Indian programs	0	1.6	5.9	6.8	1.4
Fetal alcohol syndrome	0	8.0	9.5	10.0	2.0
Alaska Native drug and alcohol abuse demonstrations	.8	1.0	1.0	1.0	.2
Thunderchild Treatment Cener	1.6	.3	.1	.....	.....
Total estimated outlays	11.4	29.5	65.5	74.7	20.3

Note.—Details in this table may not add to totals because of rounding.

The costs of this bill fall within budget functions 450 and 550.

Basis of estimate: S. 2297 would reauthorize and expand the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986. This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

The bill would authorize appropriations of $1 million in fiscal year 1991 and $2 million in each of fiscal years 1992 to 1994 to develop tribal action plans to combat alcohol and substance abuse. The bill would also authorize $300,000 in 1991 and $500,000 in years 1992 to 1994 for a newsletter on alcohol and substance abuse. Funding for these programs is already authorized for fiscal years 1991 and 1992; amounts shown in the tables above for those years represent net new authorizations above current levels.

S. 2297 would authorize such sums as may be necessary in fiscal years 1991 to 1994 to implement pilot programs in selected schools funded by the Bureau of Indian Affairs (BIA) to determine the effectiveness of summer youth programs. Because funding for the pilot program is already authorized at such sums levels for fiscal years 1991 and 1992, no additional authorizations would be needed for those years. Based on funding levels of other comparable pilot programs, CBO estimates that this provision would cost approximately $400,000 in each of fiscal years 1993 and 1994.

The bill would authorize funding for various BIA programs for the construction of facilities to treat alcohol and substance abuse problems and for enforcement efforts in Indian country. A total of $8.5 million in 1991, $12.5 million in 1992, and $9 million in 1993 and 1994 would be authorized for construction of emergency shelters, halfway houses, and juvenile detention centers. About $5 million would be authorized for law enforcement, including marijuana eradication and training on alcohol and substance abuse. In general, funding for these programs is already authorized for 1991 and 1992; therefore, figures included in the tables for those years represent net new authorizations above current levels.

The bill would authorize funds for an Indian Health Service (IHS) comprehensive alcohol and substance abuse prevention and treatment program. The bill provides $11 million for each of fiscal years 1991 to 1994 for this program. Ten million dollars is already authorized for this program in 1991 and 1992; therefore, this bill would authorize $1 million more than currently authorized in 1991 and 1992.

The bill would also authorize funds for an IHS youth program for the detoxification and treatment of Indian youth who are substance abusers. Authorization levels of $3 million in 1991 and $4.5 million in each of 1992 to 1994 are provided in the bill for the construction or renovation of treatment centers. Because $3 million is already authorized for this activity in fiscal year 1991, no additional amounts would be authorized in 1991 due to the enactment of this bill. Authorization levels of $3.5 million in each of fiscal years 1991 to 1994 are provided for the use of federally owned structures as treatment centers for Indian youth. The bill would also authorize $13 million in 1991, $14 million in 1992, $15 million in 1993, and $16 million in 1994 for the provision of rehabilitation and aftercare services for Indian youth substance abusers in the youth program.

Funding for this program is already authorized in fiscal years 1991 and 1992; therefore, figures for those years represent additional authorizations above current levels. In addition, the bill would provide $500,000 in fiscal year 1991 to fund a study on the incidence and prevalence of the abuse of multiple forms of drugs among Indian youth.

S. 2297 would authorize the Secretary of Health and Human Resources (HHS) to establish a regional youth alcohol and substance abuse prevention and treatment center in Sacaton, Arizona, and a unit of the regional center in Schurz, Nevada. Based on information provided by the staff at IHS, CBO estimates that an additional $1.1 million would be needed, above amounts in the IHS current budget, for the construction of both facilities in fiscal year 1991. In addition, we estimate that $1.1 million to $3.1 million would be needed in each fiscal year for operating both facilities.

The bill would authorize funds for a community education and involvement program, as well as for an instruction program for IHS and BIA employees, in the area of alcohol and substance abuse. A total of $5.5 million is authorized in each of fiscal years 1991 to 1994 for these activities. Because $4 million is already authorized for these activities in fiscal years 1991 and 1992, figures for those years represent additional authorizations above current levels.

A total of $800,000 in fiscal year 1992, $850,000 in 1993, and $1 million in fiscal year 1994 would be authorized for a Gallup, New Mexico alcohol and substance abuse treatment center. Because of $200,000 is already authorized in current law for the center in 1991 and 1992, amounts in the table reflect the net new authorizations.

The bill would authorize grants to urban Indian organizations for the provision of health-related services in the area of alcohol and substance abuse. Authorization levels of $5 million in fiscal year 1991, and $7 million in fiscal years 1992 to 1994 are provided in the bill. Because $5 million is currently authorized for these grants in fiscal years 1991 and 1992, amounts in the table above represent additional authorizations above current levels.

Finally, S. 2997 would authorize three new grant programs. First, the Secretary of HHS would be authorized to make grants to Indian tribes to establish fetal alcohol syndrome programs. The Secretary of HHS would also be authorized to make grants for an Alaskan community-based demonstration project to reduce drug and alcohol abuse in Alaska native villages. In addition, the Secretary would grant funds to the Thunderchild Treatment Center in Seridan, Wyoming to match funds already received through private contributions for the completion of a substance abuse treatment center. Authorization levels for these grants programs was stated in the bill.

6. Estimated cost to State and local government: None.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Karen Graham and Marta Morgan.

10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

REGULATORY IMPACT STATEMENT

Paragraph 11(b) of Rule XXVI of the Standing Rules of the Senate requires each report accompanying a bill to evaluate the regulatory and paperwork impact that would be incured in carrying out this bill. The Committee believes that S. 2297 will have minimal regulatory and paperwork impact.

EXECUTIVE COMMUNICATIONS

The substitute bill was forwarded to the Administration for their formal views and comments on June 27, 1990. The IHS has forwarded their informal analysis of the bill with recommendations for improving certain provisions. While the substitute responds in part to these recommendations, certain provisions were designed primarily to address tribal concerns. The BIA responded, on September 26, 1990. That response follows:

U.S. DEPARTMENT OF THE INTERIOR,
OFFICE OF THE SECRETARY,
Washington, DC, September 26, 1990.

Hon. DANIEL K. INOUYE,
Chairman, Select Committee on Indian Affairs, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: This is in response to your request for our views on the marked up version of S. 2297, a bill "To reauthorize certain provisions relating to Indian alcohol and substance abuse prevention and treatment programs."

We have no objection to the enactment of S. 2297 if it is amended in the sections which pertain to the Bureau of Indian Affairs to address our concerns.

Sections 1 through 9 address the Bureau of Indian Affairs' (BIA) programs while sections 10 through 16 address programs administered by the Department of Health and Human Services (HHS), through the Indian Health Service (IHS). We defer to IHS for comprehensive comments on these latter sections.

Section 1 designates the short title as the "Indian Anti-Drug Abuse Amendments of 1990".

Section 2 would authorize $1 million to be appropriated for tribal action plan grants in FY 1991. In 1992, the authorized funding level would be increased to $2 million per year through 1994. The current authorization of $1 million is adequate and should be retained through 1994.

Section 3 contains technical amendments which correct errors in section 4209 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, 25 U.S.C. 2401, *et seq.* We have no objection to section 3.

Section 4 would retain the current $300,000 level of funding for FY 1991 for a quarterly newsletter and would raise the authorization level to $500,000 for fiscal years 1992 through 1994.

The current authorization is adequate to meet the costs associated with distributing the newsletter on a quarterly basis. We recommend retaining the current authorization through 1994.

Section 5 extends the current authorized funding levels through 1994 for Indian Education Programs. We have no objection to section 5.

Section 6 authorizes $3 million in FY 1991 for emergency shelters construction and renovation, and would raise the level of funding to $7 million in FY 1992, and then drop the authorization to $3.5 million in 1994. It is unlikely that we could obligate more than $3 million per year for emergency shelter construction. Therefore, we recommend retaining the current authorization through FY 1994.

Section 7 adds the Makah Reservation to the list of other reservations receiving special assistance for controlling drug trafficking due to the proximity of the reservations to international boundaries. The Makah Reservation would be authorized $450,000 for each of the fiscal years 1991 through 1994. The bill extends current authorizations for Tohono O'odham and St. Regis reservations at $500,000 and $450,000 respectively through 1994.

This section would also authorize $500,000 for source eradication and interdiction projects for FY 1991 through 1994. We have no objection to this section.

Section 8 authorizes and extends funding through 1994 and increases the authorization level from $1.5 million annually to $1.650 million for Law Enforcement and Judicial training. This is an increase of $150,000 per year. We have no objection to section 8.

Section 9 authorizes $5.5 million annually for fiscal years 1991 through 1994 for the purpose of constructing or renovating juvenile detention centers. This increases the authorization for FY 1991 by $500,000. We have no objection to section 9.

The Office of Management and Budget has advised that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

LINDA L. RICHARDSON,
Acting Assistant Secretary, Indian Affairs.

CHANGES IN EXISTING LAW

In compliance with subsection 12 of Rule XXVI of the Standing Rules of the Senate, it is the opinion of the Committee that it is necessary to dispense with the requirements of subsection 12 to expedite the business of the Senate.

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